

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	DID	DEP	DID	DEP	DID	DEP		DID	DEP	DID	DEP	DID	DEP	DID	DEP
1							31								
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TOTAL IND.	4						TOTAL IND.								
TOTAL DEP.	13						TOTAL DEP.								
TOTAL CLAIMS	17						TOTAL CLAIMS								